



PTO/SB/81 (01-06)

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/777.792
Filing Date	February 11, 2004
First Named Inventor	Schenk, Dale B.
Title	PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE
Art Unit	1649
Examiner Name	Kimberly A. Ballard *
Attorney Docket Number	15270J-004766US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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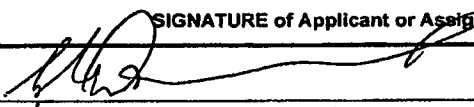
OR

Firm or Individual Name			
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Country			
Telephone	Email		

I am the:
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	OCTOBER 22, 2007
Name	WILLIAM DANIEL	Telephone	353-1-709 4000
Title and Company	ELAN PHARMA INTERNATIONAL LIMITED		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 form is submitted.